State Approaches to Culturally Competent Services

Moderator: Arlene Gonzalez-Sanchez (NY)
Speakers: Dr. Larke N. Huang (SAMHSA), Dr. Janice Petersen (LA), Dr. Jared Yurow (HI), Dr. Sheri Daniels (HI)

Wednesday, June 5, 2019
2:00 – 3:00PM EST
2019 CSAT/CSAP Annual Meeting
Moving Toward Health Equity in Substance Use Prevention and Treatment

Larke Nahme Huang, Ph.D.
Director, Office of Behavioral Health Equity
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
The vision of OBHE is for minority and disadvantaged, underserved communities across the country to have access to quality prevention and treatment services.

OBHE’s mission is to achieve equity and reduce disparities in the prevention and treatment of mental health and substance use disorders.

Created by the Affordable Care Act: 6 HHS Agencies to set up offices to address health disparities.
Office of Behavioral Health Equity: 5 Strategies

DATA
Enhancing measurement and data strategies in SAMHSA and the broader field to identify, monitor, and respond to these disparities

POLICY
Promoting policy initiatives that strengthen the impact of SAMHSA programs in improving minority health and advancing behavioral health equity

WORKFORCE DEVELOPMENT
EXPANDING THE BEHAVIORAL HEALTH WORKFORCE CAPACITY TO IMPROVE OUTREACH, ENGAGEMENT, AND QUALITY OF CARE FOR MINORITY AND DISADVANTAGED POPULATIONS

COMMUNICATIONS
Elevating communications nationally by serving as a trusted broker of behavioral health disparity and equity information

TA & CUSTOMER SERVICE
Large Disparities In Access To Behavioral Health Care

Data: 2010-2015 Medical Expenditure Panel Surveys (update of Cook et al. 2017, Psychiatric Services)
All differences between whites and blacks, Hispanics, and Asians are significant (p<.05) ‡ Any mental health care of whites in the marked year is significantly different from the same group’s values in 2010
Disparity Impact Strategy for SAMHSA Grant Programs

To create a more **strategic focus** on racial and ethnic populations in SAMHSA investments
Use a **data-informed QI** approach to manage grants & address disparities

**Access**
- Who is enrolled in the grant program?
- Who are you serving?
- What populations being reached?

**Use**
- What interventions are being used?
- Who’s getting what dosages of what intervention?

**Outcomes**
- How are enrollees in the program doing?
- How do they differ across groups?

Partnering with Grant Programs:
GPRA/SPARS Data Disaggregated by Population Groups
Enhanced CLAS Standards Released by HHS, April 2013

Culturally and Linguistically Appropriate Services (CLAS) Standards

- Standard 1
  - Principal Standard
- Standards 2-4
  - Governance, Leadership & Workforce
- Standards 5-8
  - Communication & Language
- Standards 9-15
  - Engagement, Continuous Improvement & Accountability

https://www.thinkculturalhealth.hhs.gov/Content/clas.asp#clas_standards
What Have Grantees Achieved with DIS?

**Examples:**

- Strategic Prevention Framework Grantees: Product development/tools relevant to diverse populations
- Drug Courts: Training from NADCP on Equity and Inclusion Toolkit (Standard #2)
- Innovative ethnic-specific engagement & outreach methods (ethnic media; faith-communities, promotoras/CHW)
- Ethnic community roles on governance and boards
- Hiring ethnic-specific and bilingual staff from community (training and promotion ladders)

Welcome to the New NNED Website

The website for the National Network to Eliminate Disparities in Behavioral Health (NNED) has a new look! Designed to promote interaction among NNED members and optimize timely content and resources, the website features new engaging features while also maintaining highly utilized features/sections. We ask for your patience and grace as we work out issues that may arise, and encourage your feedback on the new site.

more

The National Network to Eliminate Disparities in Behavioral Health (NNED) is a platform for organizations focused on the mental health and substance use issues of diverse populations. The NNED supports information sharing, training, and technical assistance toward advancing behavioral health equity.

CBO Members
- 2008: 60
- 2009: 129
- 2010: 323
- 2011: 464
- 2012: 541
- 2013: 685
- 2014: 756
- 2015: 802
- 2016: 897
- 2017: 930
- 2018: 1010
- 3552 Affiliates
Opportunities Thru NNED www.nned.net

NNED on the Web. Interactive website with relevant hot topics, news items, calendar events, searchable funding opportunities. Active social media presence on Facebook, Twitter, and Linked In.

Search and find your next NNED partner in behavioral health equity.

E-newsletter with relevant news, partnership opportunities, and announcements of timely federal and foundation funding.

On-line collaborative space to share resources and intervention efforts.

Professional development opportunity to receive training in evidence-supported and culturally appropriate clinical and consumer practices.
NNEDLearn 2019: Trainings and Trainers

Familia Adelante: Multi-risk Reduction Behavioral Health Prevention for Latino Youth and Families
Richard Cervantes, Ph.D., Director, Behavioral Assessment, Inc.

Motivational Interviewing
Jennifer Frey, Ph.D., Licensed Psychologist, Motivational Interviewing Consultant

Preventing Long-term Anger and Aggression in Youth (PLAAY)
Howard Stevenson, Ph.D., Professor of Education and Africana Studies, University of Pennsylvania

Project Venture: Positive Prevention for American Indian Youth
McClellan Hall, M.A., Executive Director, National Indian Youth Leadership Project

Achieving Whole Health: Wellness Coach Training (AWH)
D.J. Ida, Ph.D., Executive Director, National Asian American Pacific Islander Association
Equity Practices to Consider

- **Invest in engagement strategies** building on cultural values, preferences, in-language accepted practices, community partnerships
- **Employ culturally adapted social marketing** to promote health access and remove stigma
- **Adapt treatments** for racial/ethnic underserved groups to reduce language barriers, including client manuals and scripts for bilingual clinicians, rather than relying on ad hoc translation
- **Integrate behavioral health services** into existing programs that provide social services, such as housing or employment or newcomer services, multi-service centers
- **Use culturally adapted interventions**, relying on patients and family advisory boards as a way to enhance understanding of patient concerns
- **Diversify and expand behavioral health workforce** and provide behavioral health training to community health workers

Benefits of a Diverse Behavioral Health Workforce

• Racial and ethnically diverse health-care practitioners are significantly more likely than their white peers to serve communities of color

• Recent study found that racial and ethnic minority practitioners treated more than twice the proportion of racial and ethnic minority patients than nonminority practitioners (24.0% vs. 11.7%, respectively)

• Two key issues:
  – *increasing the number of racial and ethnic practitioners* and
  – *creating a culturally competent workforce to meet the needs of the expanding minority population of the United States.*

Source: *In the Nation’s Compelling Interest: Ensuring Diversity in the Health-Care Workforce* (2004)
OBHE opioid activities:

1. Opioid Forum with CMS/Office of Minority Health (4/25/18)

2. NNED Virtual Roundtable: The Impact of Opioid Addiction in Diverse Communities (5/9/18)

3. Two issue briefs (July 2019)
Know mis-assumptions re “trickle down” “trickle up” and “trickle over”

Population of Focus
Black/African American
Hispanic/Latino

Key Areas
Scope of the problem
Data Trends
Pain Management
Pathways to OUD/Tx
Strategies
Resources

Data Collection
Literature review
Virtual Roundtables & Listening Sessions
Key informant interviews w community leaders, people w lived experience, grantees, and researchers

Timeline
July 2019
Critical to know the “acceptable” first responders

Outreach: recognize historical criminalizing of addiction and impact on communities and families of color

Connect with trusted messengers, e.g. community connectors, community health workers, promotoras, school-based family liaisons

Identify the acceptable culturally-based entities to promote education and awareness/prevention and access to treatment (behavioral health friendly churches & pastor spouse initiatives, FB-social service, & tx partnerships; community barbers, sister circles, etc.)

Know the disparities in treatment, esp. MAT
Behavioral Health Equity

Behavioral Health Equity is the right to access quality health care for all populations regardless of the individual’s race, ethnicity, gender, socioeconomic status, sexual orientation, geographical location and social conditions through prevention and treatment of mental health and substance use conditions and disorders.

https://www.samhsa.gov/behavioral-health-equity
Advancing Best Practices in Behavioral Health for Asian American, Native Hawaiian, and Pacific Islander Boys and Men

SEPTEMBER 2016

Guides to Promote Health Insurance Enrollment – Partnerships with CMS & Ethnic Organizations

http://store.samhsa.gov/product/SMA14-4820

Additional Resources

- SAMHSA TIP 59: Improving Cultural Competence

- NNED Virtual Roundtable: Workplace Environment Matters – Strategies to Support and Retain Behavioral Health Staff Providing Services to Diverse Ethnic and Racial Populations
State Approaches to Culturally Competent Services: LOUISIANA

Janice Petersen, Ph.D., Panel Presenter
INTRODUCTION

Louisiana Behavioral Health System

Located in the Department of Health, among 4 other offices

- The Office of Behavioral Health (OBH) is charged with the oversight and management of behavioral health services. The other offices are listed below:
  - Office of Adult Aging Services
  - Office of Citizens with Developmental Disabilities
  - Office of Public Health
  - Bureau of Medicaid Services
Introduction to Cultural Competence

Department of Health and Human Services-Cultural and Linguistic Responsibility

SAMHSA:

- Substance Abuse and Mental Health Block Grant requirements and “health disparity statements”/FOA requirements
- Strategic Prevention Framework (SPF)
  Assessment, Capacity, Planning, Implementation, Evaluation
  (flower with Cultural Competence and Sustainability in middle)

Global reference to Health Disparities:
Health People 2020/2030 in progress
TIP 59: Improving Cultural Competence

- Treatment Improvement Protocol - TIP 59: Improving Cultural Competence/Quick Guide for Administrators
  Original 2010/Printed 2014: Revised 2015

- HHS defined cultural competence as “referring to the ability to honor and respect the beliefs, languages, interpersonal styles, and behaviors of individuals and families receiving services, as well as staff members who are providing such services.

- Cultural competence is a dynamic, ongoing developmental process that requires a long-term commitment and is achieved over time.

- Cross, 1989 Original Work
Multi-dimensional Model for Developing Cultural Competence: Tip 59

Dimension 1:
Racially and Culturally Specific Attributes

Dimension 2:
Core Elements of Cultural Competence

Dimension 3:
Foci of Culturally Responsive Services
Cultural and Linguistically Appropriate Services: CLAS Principal Standards

Provide effective, equitable understandable respectful quality care and services response to diverse cultural health beliefs and practices. Fourteen (14) standards that include specific themes of:

- Governance, Leadership and Workforce
- Communication and Language Assistance
- Engagement, Continuous Improvement and Accountability
<table>
<thead>
<tr>
<th>POPULATION</th>
<th>USA</th>
<th>Region (South)</th>
<th>LA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultures:</td>
<td>Race/Ethnicity: Caucasian, African American, Asian, Hispanic/Latino, Native Americans, Indian, Pacific Islanders, Puerto Ricans, Mexican Americans</td>
<td>Southern, Christian, Carribean, Vietnamese, Middle Easterners</td>
<td>All including: 11- State recognized tribes 4- Federally recognized tribes</td>
</tr>
</tbody>
</table>
Louisiana’s Approach to Cultural Competence

- Department Contracts
- OBH Provider Contracts: Utilizes Tip 59
- OBH Policies: Embedded in performance plan
Indicators of cultural competence:

- Recognizing the power and influence of culture
- Understanding how each of our backgrounds affect our responses to each other
- Acknowledging how past experiences affect present interactions
- Allocating resources for leadership and staff development
Management Leadership Plan: Intercultural Development Inventory

Perceived vs Developmental Perspective: Completing the plan participants will:

- Customized to determine progress in increasing intercultural competence
- Gain insights concerning intercultural challenges you are facing and identify intercultural competence development goals.
- Gain increased understanding of how your own orientation impacts how you perceive and respond to cultural difference and commonalities, and
- Identify and engage in targeted, developmental learning that increases your intercultural competence in bridging across diverse communities.

Note: IDI trademark and copyright by Mitchell H. Hammer, website: idiinventory.com
Organizational cultural responsiveness is a dynamic, ongoing process; it is not something that is achieved once and is then complete. The commitment to increase cultural competence must also involve a commitment to maintain it through periodic reassessments and adjustments.
In behavioral health services, development of cultural competence involves three principal components that coincide with the Multidimensional Model for Developing Cultural Competence (see TIP 59).
ASSESSMENT EXERCISE: What is your score?

• A defined set of values and principles, along with demonstrated behaviors, attitudes, policies, and structures that enable effective work across cultures.
  
  1---------5

• Value diversity, conduct self-assessment, manage the dynamics of difference, acquire and institutionalize cultural knowledge, and adapt to diversity and the cultural contexts of the communities it serves.
  
  1---------5

• Systematically involve consumers and families and incorporate the above in all aspects of:
  
  Policy making
  
  1---------5

  Infused in Administrative Policies
  
  1---------5

  Integral part of Service delivery
  
  1---------5

  YOUR TOTAL:__________         POSSIBLE TOTAL: 25
The National Council’s Middle Management Academy (MMA) gives your managers the skills they need to manage work and people, but it also connects them to the bigger vision of your organization. It’s the only behavioral health program of its kind -- you won’t find a management course tailored for mental health and addiction professionals anywhere else.

This 3.5-day hands-on training will teach your staff how to use their unique strengths and personality traits to become stronger leaders within your behavioral health organization.

Start investing in your managers’ futures today. Learn more about the Middle Management Academy and contact Dana Lange at DanaL@TheNationalCouncil.org to bring an MMA training to your organization.
Conclusion

- You can learn more about CLAS mandates, guidelines and recommendations at http://www.ThinkCulturalHealth.hhs.gov
- National Council’s Addressing Health Disparities Leadership Program www.thenationalcouncil.org

Note: Improving Cultural Competence: SAMHSA TIP 59
2019 CSAT/CSAP ANNUAL MEETING
State Approaches to Culturally Competent Services
Wednesday, June 5, 2019
2:00-3:00 pm
Hyatt Regency Metro Center
Bethesda, MD

Jared Yurow, Psy.D.
Hawaii SSA
Sheri Daniels, Ed.D.
Papa Ola Lokahi
MODELS OF ADDICTION RECOVERY
(TWELVE STEPS OF ALCOHOLICS ANONYMOUS)

Lokahi Triangle: Wellness/Sustainability (Ola)
Higher Power

Western/Eastern Resources
Indigenous Peoples Land/Ocean

Transtheoretical Model of Change
Prochaska, DiClemente & Norcross: Wellness/Sustainability

AKUA
Balance
Unity

LŌKAHI TRIANGLE

KANAKA Harmony `ĀINA/KAI

Spiral of Change

Maintenance
Action
Preparation
Contemplation
Relapse/Recycle
Relapse/Recycle
Relapse/Recycle
Precontemplation
Level I: Client-Based Evidence
- Consumer Surveys
- Focus Groups
- Case Studies
- Discharge Interviews

Level II: Practice-Based Evidence
- Opinion from Recognized Indigenous Experts
- Elder/Traditional Healer Interviews
- Personal Testimonies
- Spiritual Ceremonies
- Funder Acknowledgement of Practice

Level III: Research-Based Evidence
- Qualitative/Quantitative Design
- Peer Reviewed Journal
- Comprehensive Evaluation
- Indigenous/Ethnic Group Review Panel
- SAMHSA NREPP (EBP Resource Center)
- External Agency Document Review
HAWAII SSA TREATMENT
CULTURAL SERVICE ALIGNMENT

- Assessment of Cultural Identification
- Incorporation of Culture into Health and Wellness Plans (ASAM-Aligned)

Activities
- Lo‘i (Kalo/Taro Farming)
- Farming (Uala)/Raising Animals
- Fishing/Hukilau (Fish Net), Aquaculture (Fish Ponds)
- Traditional Food Gathering
- Canoeing
- Ho‘oponopono (setting relationships right)
- Oli (Chanting)
- Lomilomi (Massage)
- Mo‘olelo (History)
- Hula (Dance)

Cultural Activity Group: H2035
THE ASAM CRITERIA
THIRD EDITION
Cultural Health and Wellness Plan

• Dimension 1: Holistic Healing (Lomi Lomi)
• Dimension 2: ‘Ai pono (Healthy Eating)
• Dimension 3: Mo‘okū‘auhau
  (Genealogy/Self & Cultural Identity)
• Dimension 4: Kūkākūkā (“Talk Story”)
• Dimension 5: Connection to Culture
  (Social Determinants of Health)
• Dimension 6: Ho‘opono‘opono
  (Improve Family Relationships)
PAPA OLA LOKAHI

Native Hawaiian Health Care Improvement Act (42 USC)

- Coordinate, implement and update a Native Hawaiian comprehensive master plan designed to promote comprehensive health...to raise the health status of Native Hawaiians to the highest possible level.
- Conduct training for Native Hawaiian care practitioners...to educate the Native Hawaiian population regarding health promotion and disease prevention.
- Identify and perform research into diseases that are most prevalent among Native Hawaiians.
- Develop an action plan outlining the contributions that each member organization of Papa Ola Lōkahi will make in carrying out in the policy of the NHHCIA.
- Serve as a Clearinghouse for (1) collecting and maintaining data associated with the health status of Native Hawaiians; (2) identifying and researching diseases affecting Native Hawaiians; and (3) collecting and distributing information about available Native Hawaiian project funds, research projects and publications.
- Coordinate and assist health care programs and services provided to Native Hawaiians.
- Administer special projects.
Contact Information

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